



MEMORANDUM

Austin Police Department Field Support Services Forensic Science Division

TO: Bill Gibbens, Division Manager
FROM: Tony Arnold, Quality Assurance Manager
DATE: October 27, 2010
SUBJECT: 2010 External Audit Report

Directed by staff inspector Rodney Andrus, ASCLD/LAB conducted an external audit of the Austin Police Department Forensic Science Laboratory in April 2010. The audit consisted of examining the lab utilizing the criteria described in the 2008 ASCLD/LAB Legacy Program accreditation guidelines as well as the FBI DNA audit document. The standards, specific issues and the remediation are listed below.

Summation of Criteria Compliance Ratings

	<u>Before Remediation</u>	<u>After Remediation</u>
Essential:	80 %	100 %
Important:	93 %	93 %
Desirable:	94 %	100 %

The remediation was accepted by ASCLD/LAB and our laboratory received notification of renewal of our accreditation on September 11, 2010.

1.1.2.5 (E) Does clearly written and well understood documentation or procedure exist for preparation, storage, security and disposition of case records and reports?

Original inspection finding:

The procedures for the preparation of case records are not clearly written or understood.

The Division procedure identifies the laboratory number as the unique identifier, however this designator is not used throughout all disciplines in the laboratory as the unique identifier.

Supplemental finding:

The laboratory revised the Forensic Science Division Standard Operating Procedures Chapter 46 Case Documentation to specifically define the laboratory unique case identifier as the LIMS generated laboratory number.

Remediation was accepted and finding was resolved.

Original inspection finding:

The procedures for the security and retrieval of crime scene photographic images are not clearly written or well understood. The crime scene procedure instructs the examiners to download all crime scene photographic images to the Digital Crime Scene Management System. There are no procedures after the downloading as to how the images are secured and how they would be later obtained for viewing.



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Supplemental finding:

The laboratory revised the Crime Scene SOP Chapter 14-General Evidence Handling Procedures, section 1. Photography, to include a procedure which defines the crime scene photographic images as evidence to be stored in the Digital Crime Scene Management System, Austin Police Department image database, by case number. The procedure describes the maintenance of a chain of custody and security the secure storage of the images.

Remediation was accepted and finding was resolved.

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- 1.2.1.1 (D) Does the organizational structure group the work and personnel in a manner that allows for efficiency of operation, taking into account the interrelation of various forensic disciplines?

Original inspection finding:

The laboratory does not have sufficient supervision for the Latent Print Section which creates an organizational structure that does not allow for an efficient operation. Interviews with the staff indicated the need for more immediate attention when issues arise that may have an impact on the quality of the work.

Supplemental finding:

The Austin PD Forensic Science Services Division reclassified a Latent Print Examiner position to Supervisor. Document substantiating that the position has been posted and is in the process of being filled was submitted as evidence of compliance with the finding is acceptable.

Remediation was accepted and finding was resolved.

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- 1.4.1.1 (E) Does the laboratory have a written or secure electronic chain of custody record with all necessary data which provides for complete tracking of all evidence?

Original inspection finding:

Recent laboratory procedure changes were implemented regarding the process to ensure a complete tracking of custody for vehicles submitted for processing at their remote off-site facility. At the time of this inspection there was insufficient objective evidence of compliance with the procedure change.

Remediation was accepted and finding was resolved.

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- 1.4.1.2 (E) Is all evidence marked for identification?

Original inspection finding:

The evidence examined in NIBIN casework is not marked with the unique laboratory identifier.

Supplemental finding:

The laboratory supplied photographic documentation of a NIBIN evidence storage cabinet consisting of multiple drawers of NIBIN evidence. A review of the images depicting the contents of two drawers, each containing approximately 130 pieces of evidence, revealed the presence of the unique laboratory identifiers on all items. This documentation was found acceptable in addressing the original inspection finding.

Remediation was accepted and finding was resolved.



1.4.1.4 (E) Is evidence protected from loss, cross transfer, contamination and /or deleterious change?

Original inspection finding:

Digital images of non-recoverable impressions taken at crime scenes are maintained as examination documentation rather than treated as evidence.

Supplemental finding:

The laboratory revised the Division SOP Chapter 53 to clarify that digital images taken at crime scenes will be treated as evidence. Crime Scene Section SOP Chapter 14 establishes that the crime scene images are uploaded and maintained on the secure Digital Crime Scene Management System (DCSMS).

Remediation was accepted and finding was resolved.

1.4.1.5 (E) Is there a secure area for overnight and/or long-term storage of evidence?

Original inspection finding:

Vehicles stored at a remote off-site processing laboratory facility are not maintained in a secure area.

Supplemental finding:

The remote off-site vehicle processing facility has been removed from control by the laboratory. It currently is under the control of the Austin Police Department Staff.

Remediation was accepted and finding was resolved.

1.4.2.3 (E) Did the accredited laboratory conduct and document an annual audit of its operations and submit an annual accreditation audit report to ASCLD/LAB by the required deadline?

Original inspection finding:

The laboratory submitted an annual accreditation audit report for each of the five years since the previous accreditation inspection. However, the reports were not completely accurate as the reports were scored "No" for the section which asks "Did an inconsistency or error on a proficiency test or casework occur that required corrective action to be implemented?" A review of proficiency test records revealed nonconformities in proficiency tests that did initiate corrective actions but were not reported on the annual reports.

Supplemental finding:

The laboratory revised the Division SOP Chapter 34 Proficiency Testing to clarify how the level of inconsistencies are defined and the corrective actions to be implemented. The revision also requires that Class I and II inconsistencies be reported in the ASCLD/LAB Annual Accreditation Report and that the PRC be notified. These changes were found acceptable in addressing the intent of the finding.

Remediation was accepted and finding was resolved.

1.4.2.7 (E) Are the technical procedures used by the laboratory documented and are the documents available to laboratory personnel for review?

Original inspection finding:

The procedure for bloodstain analysis does not include the scope of examinations conducted within the laboratory. There are no documented procedure for bloodstain analysis which includes the review of video images, photographs and crime scene notes.

Supplemental finding:



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The laboratory expanded Chapter 16 of the Crime Scene Section SOP to include a procedure for Blood Stain Analysis specifically related to bloodstain pattern analysis. The section is comprehensive covering such topics as documentation of stains and patterns, presumptive testing, pattern classification, calculations, experimentation, interpretation and reconstruction etc. A review of this procedure revealed that it is acceptable in addressing the intent of the finding.

Remediation was accepted and finding was resolved.

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- 1.4.2.16 (E) Are conclusions and opinions in reports supported by data available in the case record, and are the examination documents sufficiently detailed such that, in the absence of the examiner(s), another competent examiner or supervisor could evaluate what was done and interpret the data?

Original inspection finding:

Reports are issued stating that the test firing was performed and that the test fires were entered into NIBIN. However, searches are not documented in the case record at the time of the examination. The absence of this information prohibits another competent examiner from evaluating what was done and interpreting the data.

Supplemental finding:

The laboratory revised the Firearm and Toolmark Section SOP Sections 2.5 and 5.4.11 to specify that NIBIN data sheets of all searches and results conducted by the laboratory are stored on the NIBIN computer. This data is considered by the laboratory as a part of the firearms case record and can be accessed by staff of the firearms and toolmarks section for review.

Remediation was accepted and finding was resolved.

Original inspection finding:

Conclusions in some crime scene reports were not supported by the examination documentation, for example, the reporting of the presence of blood at a crime scene when only presumptive testing was performed.

Supplemental finding:

The laboratory revised the Crime Scene Section SOP Chapter 5-Section Records, Reporting Guidelines, to include a discussion on the narrative description of crime scenes. The discussion prohibits the reporting of the presence of blood except if it is observed as flowing from a subjects wound. The other alternatives are reporting the 'presence of possible blood' based on a successful presumptive test and the reporting of the descriptive nature of the stain, e.g. red stain in the absence of a presumptive test. The revisions were found acceptable in addressing the original findings.

Remediation was accepted and finding was resolved.

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- 1.4.2.17 (E) Is examination documentation of a permanent nature and is it free of obliterations and erasures?

Original inspection finding:

The laboratory stores much of its examination documentation in an electronic format but does not have a procedure that tracks changes to the documentation after the documentation is stored. The software employed can track that a change has been made; however, it does not identify the specific changes.

Supplemental finding:

The Forensic Science Division SOP was revised to include a procedure describing how changes to examination documentation are tracked. The laboratory has noted that once the signature of the examiner



is placed on the report that it signifies the report is 'stored' and any subsequent changes to the examination documents must be recorded and that the changes be maintained in the case file. For electronic files if changes are required, the original examination documentation must be maintained in the case folder by an electronic attachment or printing/scanning the document.

Remediation was accepted and finding was resolved.

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- 1.4.2.19 (E) Does the laboratory generate written reports for all analytical work performed on evidence, and do the reports contain the conclusions and opinions that address the purpose for which the analytical work was undertaken?

Original inspection finding:

Laboratory reports for NIBIN casework indicate function testing of the firearm, that the firearm was test fired and that the test fire(s) was entered into NIBIN. The report does not indicate that test fires were retained as evidence in the laboratory.

Remediation was accepted and finding was resolved.

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- 1.4.2.20 (E) Where associations are made, is the significance of the association communicated clearly and qualified properly in the report?

Original inspection finding:

There is no clear definition in the Latent Print procedure of what is meant when reporting an association as "inconclusive", "didn't match" or "not made by."

Supplemental finding:

The laboratory revised Chapter 8 of the Latent Print Section SOP to include a discussion of conclusions that are acceptable for reporting the results of a comparison. The procedure clarifies the terms Individualization (Identification-Match), Exclusion (Non-ID, Non-Match) and Inconclusive.

Remediation was accepted and finding was resolved.

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- 1.4.2.22 (E) Does the laboratory have, use and document a system of technical review of the reports to ensure that the conclusions of its examiners are reasonable and within the constraints of scientific knowledge?

Original inspection finding:

The laboratory uses a system of technical review in latent prints, however, the elements assessed and documented during the review are not clearly understood by the examiners as evidenced by interviews and a review of completed technical review forms.

Supplemental finding:

The Latent Print SOP Chapter 3-Quality Assurance was revised to include additional specific clarification of several elements to be included in a technical review.

Remediation was accepted and finding was resolved.

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- 1.4.2.25 (E) If the laboratory has an indication of a significant technical problem, is there a procedure in writing and in use whereby the laboratory initiates a review and takes any corrective action required?



Original inspection finding:

For the years 2005, 2006 and 2007, results reported by different examiners for eight external latent print proficiency tests, were inconsistent with the expected results, indicating a potentially significant technical problem. The documentation for these inconsistencies reflects that no corrective action was initiated.

Supplemental finding:

The laboratory revised the Forensic Science Division SOP Chapter 34 – Proficiency Testing to precisely define the classification of errors when nonconforming results are observed in a proficiency test. The procedures have been updated to more closely align with the procedures described in the ASCLD/LAB Proficiency Review Program requirements. During remediation the laboratory reviewed the proficiency tests noted for the years 2005, 2006 and 2007 for the latent print discipline and summarized the corrective actions for each test and each examiner. The laboratory's revised procedures and the evaluation of the noted inconsistent test results was considered acceptable in addressing the issues identified in the finding.

Remediation was accepted and finding was resolved.

1.4.3.1 (E) Does the laboratory have a documented program of proficiency testing?

Original inspection finding:

The grading system used by the laboratory when assessing the performance of the reported test results and the vendors expected result is not consistently applied or well understood. The laboratory is using "satisfactory", "satisfactory with exception" and "unsatisfactory" when scoring the test results without clearly defining significance of each result.

Supplemental finding:

The laboratory revised the Forensic Science Division SOP Chapter 34 – Proficiency Testing to precisely define the classification of errors when nonconforming results are observed in a proficiency test. The procedures have been updated to more closely align with the procedures described in the ASCLD/LAB Proficiency Review Program requirements. The revision is acceptable in addressing the intent of the original finding.

Remediation was accepted and finding was resolved.

1.4.3.4 (I) Does the laboratory conduct proficiency testing using re-examination or blind techniques?

Issue: Re-examination or blind testing is not practiced within the Division.

Remedy: No action necessary

2.6.1 (I) Does each examiner possess a baccalaureate degree with science courses?

Issue: Not all examiners within the Firearms Section possess a baccalaureate degree.

Remedy: No action necessary

2.8.1 (I) Does each examiner possess a baccalaureate degree with science courses?

Issue: Not all examiners possess a baccalaureate degree.



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Remedy: No action necessary

